

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/05/04 2 Serial/Patent # 101728

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		<u>10/5/04</u>	\$ 2080
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 2080</u>	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <u>50--0725</u>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<p><i>No EOTS in response to Notice of Incomplete permitted</i></p>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Pat Attorney</u>		
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>571 272-3238</u>		
OFFICE: <u>Office of Petitions</u>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u>Connie Kelly</u>		DATE: <u>11/9/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B